

<i>SERFF Tracking Number:</i>	<i>ARBB-127171133</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Arkansas Blue Cross and Blue Shield</i>	<i>State Tracking Number:</i>	<i>48785</i>
<i>Company Tracking Number:</i>	<i>23-2601 5/11</i>		
<i>TOI:</i>	<i>H16G Group Health - Major Medical</i>	<i>Sub-TOI:</i>	<i>H16G.001A Any Size Group - PPO</i>
<i>Product Name:</i>	<i>Amendment</i>		
<i>Project Name/Number:</i>	<i>Optional Value Formulary/23-2601 5/11</i>		

Filing at a Glance

Company: Arkansas Blue Cross and Blue Shield

Product Name: Amendment

SERFF Tr Num: ARBB-127171133 State: Arkansas

TOI: H16G Group Health - Major Medical

SERFF Status: Closed-Approved-
Closed State Tr Num: 48785

Sub-TOI: H16G.001A Any Size Group - PPO

Co Tr Num: 23-2601 5/11

State Status: Approved-Closed

Filing Type: Form

Author: Evelyn Laney

Reviewer(s): Rosalind Minor

Date Submitted: 05/16/2011

Disposition Date: 06/01/2011

Disposition Status: Approved-
Closed

Implementation Date Requested: 05/01/2011

Implementation Date:

State Filing Description:

General Information

Project Name: Optional Value Formulary

Status of Filing in Domicile: Pending

Project Number: 23-2601 5/11

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments: Arkansas is state
of domicile.

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer

Overall Rate Impact:

Filing Status Changed: 06/01/2011

State Status Changed: 06/01/2011

Deemer Date:

Created By: Evelyn Laney

Submitted By: Evelyn Laney

Corresponding Filing Tracking Number:

PPACA: Not PPACA-Related

PPACA Notes: null

Filing Description:

Attached please find forms 23-2601 5/11 for your review and approval if indicated.

This rider provides an optional value formulary, which gives a discount on previously excluded drugs purchased in a Participating Pharmacy. This form is specifically designed for use with HSA's but may be used with any policy that provides drug coverage subject to the major medical deductible and coinsurance.

Also enclosed is a Flesch Reading Ease score certification signed by an officer of the company as required by Arkansas Code Annotated §23-80-206(d). Please also note, we have scored the rider as part of the benefit certificates with which

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Product Name: Amendment
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it will be used as provided by Arkansas Code Annotated §23-80-206(e).

By way of this letter, I certify that the submission meets the provisions of Arkansas Insurance Department Rule & Regulation 19.

I certify that the Life and Health Guaranty Association Notices required by Arkansas Insurance Department Rule & Regulation 49 are incorporated in the benefit certificates to which this rider will be attached.

I further certify that the consumer information notice required by Arkansas Code Annotated §23-79-138 is incorporated in the benefit certificates to which this rider is attached.

Company and Contact

Filing Contact Information

Evelyn Laney, Senior Compliance Analyst exlaney@arkbluecross.com
320 West Capitol, Ste 211 501-378-2165 [Phone]
Little Rock, AR 72201 501-378-2975 [FAX]

Filing Company Information

Arkansas Blue Cross and Blue Shield	CoCode: 83470	State of Domicile: Arkansas
601 S. Gaines Street	Group Code:	Company Type:
Little Rock, AR 72201	Group Name:	State ID Number: N/A
(501) 378-2967 ext. [Phone]	FEIN Number: 71-0226428	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	\$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Arkansas Blue Cross and Blue Shield	\$50.00	05/16/2011	47646800

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved-Closed	Rosalind Minor	06/01/2011	06/01/2011

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Disposition

Disposition Date: 06/01/2011

Implementation Date:

Status: Approved-Closed

HHS Status: HHS Approved

State Review: Reviewed-No Actuary

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Flesch Certification	Approved-Closed	Yes
Supporting Document	Application	Approved-Closed	Yes
Supporting Document	PPACA Uniform Compliance Summary	Approved-Closed	Yes
Form	Amendment	Approved-Closed	Yes

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Form Schedule

Lead Form Number: 23-2601 5/11

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/01/2011	23-2601 5/11	Certificate Amendmen t, Insert Page, Endorseme nt or Rider	Amendment	Initial		40.500	23-2601 HSAs 5- 11Grp Value Formulary.pdf



**Arkansas
BlueCross BlueShield**
An Independent Licensee of the Blue Cross and Blue Shield Association

**AMENDMENT TO THE
ARKANSAS BLUE CROSS AND BLUE SHIELD
COMPREHENSIVE MAJOR MEDICAL
GROUP BENEFIT CERTIFICATES**

**AMENDMENT NO. 2601
Optional Value Formulary
Form Nos. 233,235,239,242,244,245**

SCHEDULE OF BENEFITS, Managed Drug Program is hereby amended to read as follows.

Managed Drug Program

Value Formulary

Retail Drug Benefit.....YES

Subject to major medical benefits.

Present ID card at pharmacy for
processing.

GLOSSARY OF TERMS, Formulary is hereby amended to read as follows.

Formulary means a specified list of Prescription Medications covered by the Company. The Formulary is established by the Company based upon recommendations from the Pharmacy and Therapeutics Committee, a committee including practicing Arkansas Physicians and practicing Arkansas pharmacists, as well as the medical director and pharmacy director of the Company. Prescription Medications on the Formulary are classified into various tiers. Prescription Medications in the first tier are Generic Medications. Prescription Medications in the subsequent tiers are Brand Name Medications. The list of Prescription Medications that make up the Formulary and the tier classification of a Prescription Medication on the Formulary are subject to change by the Company. In determining whether to place a Prescription Medication on the Formulary or to place a Prescription Medication in a tier classification in the Formulary, the Company compares a Prescription Medication's safety, effectiveness, cost efficiency and uniqueness with other Prescription Medications in the same category. **Prescription Medications including new Prescription Medications approved by the FDA are not covered under this Benefit Certificate unless or until the Company places the medication on the Formulary.**

This Amendment becomes a part of the Arkansas Blue Cross and Blue Shield Managed Benefits Comprehensive Major Medical Group Benefit Certificates. All other provisions of the Group Benefit Certificate remain in full force and effect.

P. Mark White

P. Mark White, President and Chief Executive Officer

ARKANSAS BLUE CROSS AND BLUE SHIELD
601 S. Gaines Street
Little Rock, Arkansas 72201

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Supporting Document Schedules

	Item Status:	Status
		Date:
Satisfied - Item: Flesch Certification	Approved-Closed	06/01/2011
Comments:		
Attachment:		
23-2601 HSAs 5-11Grp Value Formulary.pdf		

	Item Status:	Status
		Date:
Bypassed - Item: Application	Approved-Closed	06/01/2011
Bypass Reason: Not needed.		
Comments:		

	Item Status:	Status
		Date:
Bypassed - Item: PPACA Uniform Compliance Summary	Approved-Closed	06/01/2011
Bypass Reason: Not PPACA related.		
Comments:		



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